DATE:	<b>80</b> 1	FROM: L		_ (print name)
		REASON(S):		
FORWARD TO:		A. You had Parent	(check box)	
A. Art Unit:	2613	B. See Title	(check box)	
3. Class:	348	C. See Abstract	(check box)	
C Subclass:		D. See Claim(s):	_ <del>\ \ \ \ \</del>	
FURTHER EXPLA	NATION IF N	EEDED:		•
7		Still image	de asi ing	
DATE: 12	11/01	FROM: (ee		_ (print name)
		REASON(S):		
FORWARD TO:	<b>-</b> ( - 1	A. You had Parent	(check box)	
	2621	B. See Title	(check box)	
B. Class:	382	C. See Abstract	(check box)	
C Subclass:	232	D. See Claim(s):		
		—		
		EEDED:		
FOR TO		EEDED:		
For re-		EEDED:		_ (print name)
For re-		Fore		_ (print name)
For reported	ero-s a	FROM:	(check box)	_ (print name)
For reported	ero-s a	FROM: REASON(S):	(check box)	(print name)
For reported	450-ς α _ Assifier	FROM:  REASON(S):  A. You had Parent		(print name)
FOY TO	450-ς α _ Assifier	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract	(check box)	_ (print name)
FOY red	LASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FOY TO	LASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	_ (print name)
FOY TE	LASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	_ (print name)
FOY TO	LASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
DATE:  FORWARD TO CL	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	_ (print name)
DATE:  FORWARD TO CL  FURTHER EXPLA	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  IEEDED:	(check box)	_ (print name)
DATE:  FORWARD TO CL  FURTHER EXPLA	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  IEEDED:  ASSIFICATION  CLASSIFIER:	(check box)	_ (print name)
DATE:  FORWARD TO CL  FURTHER EXPLA  DISPOSITION   DATE:	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  IEEDED:  ASSIFICATION	(check box)	_ (print name)
DATE:  FORWARD TO CL  FURTHER EXPLA	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  IEEDED:  ASSIFICATION  CLASSIFIER:  REASON(S):	(check box)	_ (print name)
DATE:  FORWARD TO CL  FURTHER EXPLA  DISPOSITION   DATE:  FORWARD TO:	ASSIFIER	FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  IEEDED:  ASSIFICATION  CLASSIFIER:  REASON(S): A. You had Parent	(check box)	_ (print name)

**FURTHER EXPLANATION IF NEEDED:**